

## QUESTIONNAIRE



**U.S. Army Women's Museum**  
**2100 Adams Ave, Bldg 5219**  
**Fort Lee, VA 23801-2100**

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**[www.awm.lee.army.mil](http://www.awm.lee.army.mil)**

Biographical Information Worksheet. Please use additional pages as needed.

Name \_\_\_\_\_  
(First name) (MI) (Last name) (Maiden Name)

How may we contact you? Email Telephone Mail (please circle one)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Branch of Service \_\_\_\_\_

Rank Achieved \_\_\_\_\_

Service Dates \_\_\_\_\_

Locations of Service \_\_\_\_\_

Military Occupation Specialty (MOS) or Branch: \_\_\_\_\_

First military training, date, location: \_\_\_\_\_

Other military training: \_\_\_\_\_

Overseas service: \_\_\_\_\_

Campaigns/Wars/Deployments: \_\_\_\_\_

Have you been interviewed before? (If so, when, where and by whom?) \_\_\_\_\_

Were you wounded in combat or sustain service-related injuries? \_\_\_\_\_

Medals of service and awards: \_\_\_\_\_

\_\_\_\_\_

What do you remember about your service?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What stories or incidents highlight your military service?

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\_\_\_\_\_

\_\_\_\_\_

What was your most challenging assignment or job?

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What has your service meant to you?

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Additional Comments you would like to make:

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